

012804

17414 U.S. PTO

Please type a plus sign (+) inside this box ☒

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. TI-36896	
	First Named Inventor or Application Identifier Tito Gelsomini	
	Title	Method to Overcome Minimum Photomask Dimension Rules
	Express Mail Label No. EV333323982US	

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification <small>[Total Pages 14]</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identical of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) <small>[Total Sheets 3]</small>		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration unsigned <small>[Total Pages 1]</small> a. <input checked="" type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).		8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
		10. <input type="checkbox"/> English Translation Document (if applicable)	
		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		12. <input type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application <small>(PTO/SB/09-12)</small> Status still proper and desired	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>if foreign priority is claimed</small>	
		16. <input type="checkbox"/> Other:	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

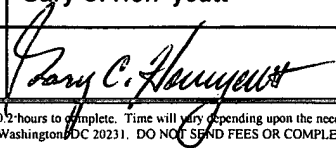
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:

Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label**23494**or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME			
ADDRESS			
CITY	STATE	TX	ZIP CODE
COUNTRY	TELEPHONE	(972) 470-0130	FAX (972) 917-4417

Name (Print/Type)	Gary C. Hon ycutt	Registration No. (Attorney/Agent)	20,250
Signature		Date	1-28-04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL**for FY 2003**

Express Mailing Label No.: EV333323982US

TOTAL AMOUNT OF PAYMENT

(\$) 770.00

Complete If Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Tito Gelsomini
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-36896

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- ☒ Charge any additional fee required or credit any overpayment ☐ Charge all indicated fees and any additional fee required or credit any overpayment

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	370	Utility filing fee	\$770
1002	330	2002	165	Design filing fee	\$
1003	510	2003	255	Plant filing fee	\$
1004	740	2004	370	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1)

(\$770)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
2	2		-20** = 0	18	0
			-3** = 0	86	0
				260	

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	42	Independent Claims in excess of 3
1203	280	2203	140	Multiple dependent claims in excess of 3
1204	86	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	200	Extension of time within second month	
1253	950	2253	460	Extension of time within third month	
1254	1,480	2254	720	Extension of time within fourth month	
1255	2,010	2255	980	Extension of time within fifth month	
1401	330	2401	160	Notice of Appeal	
1402	330	2402	160	Filing a brief in support of an appeal	
1403	290	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1801	770	2801	370	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (time number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2801	370	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

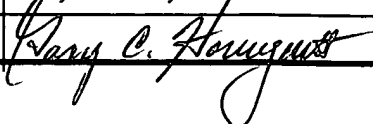
0

SUBMITTED BY

Typed or Printed Name

Gary C. Honeycutt

Signature



Date

1-28-04

Complete (if applicable)

Reg. Number

20,250

Deposit Account User ID